

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2002 / 7006

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cruz for President****A. Full Name (Last, First, Middle Initial)****MR. PETER SCOTT GRAF**

Mailing Address 1632 PEMBROKE LANE

City

MCKINNEY

State

TX

Zip Code

75070-4278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.300423**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)****SHELLEY GRAFMYRE**

Mailing Address 27 GARDEN CRESCENT CT

City

ELGIN

State

IL

Zip Code

60123-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWESTERN MEDICINE-DELNOR

Occupation

REGISTERED NURSE

Receipt For: 2016

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.265967**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**C. Full Name (Last, First, Middle Initial)****SHELLEY GRAFMYRE**

Mailing Address 27 GARDEN CRESCENT CT

City

ELGIN

State

IL

Zip Code

60123-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWESTERN MEDICINE-DELNOR

Occupation

REGISTERED NURSE

Receipt For: 2016

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.00

**Transaction ID : SA17.284221**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

**Subtotal Of Receipts This Page (optional)**.....

1040.00

**Total This Period (last page this line number only)**.....